



PRODUCT CONCERN FORM

Once complete, please click [here](#) to submit your form or send via fax to 905-568-5283 or 1-877-422-3478. We will reply to your concern within one business day.

We ask that you **retain a sample of the product** with which you have concerns as you may be asked to submit it for further investigation.

GENERAL INFORMATION	
DATE SUBMITTED (YY/MM/DD)	
SUBMITTED BY	
EMAIL	
TELEPHONE NUMBER	
FACILITY NAME	
SERVICE AREA	
Are you a HealthPRO Pharmacy Member?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRODUCT DESCRIPTION	